Image# 10932105084

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	TION		
1 Olliwi 1	(See instructions	3)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
COCA-COLA F	EFRESHMENTS USA, INC NONPA	ARTISAN POLITICAL AC	TION COMMITT	EE
<u> </u>			11111	
ADDRESS (number and s	310 NORTH AVENUE,	NW	11111	
(Check if address		11111111	11111	
is changed)	ATLANTA		GA	30313
	C	CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-ma	ail address)		
(Check if address is changed)	grackley@coca-cola.c	om		
is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address				
is changed)				
2. DATE 12	/ D D / Y Y Y Y Y Y 10			
3. FEC IDENTIFICATION	TION NUMBER C	C00250134		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
Legrify that I have examin	ned this Statement and to the best of my knowle	edge and helief it is true correct	and complete	
recently that mave exami	·	-	and complete	
Type or Print Name of	reasurer EUGENE M RACK	LEY, IV		
Signature of Treasurer	Electronically Filed by <b>EUGENE M</b>	RACKLEY, IV	Date 1 2	10 / Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may s		•	
Office		For further information		
Use Only		Federal Election Comn Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)

		FEC F	form 1 (Revised 02/2009)	Page <b>2</b>		
5. TYPE OF COMMITTEE (Check One) Candidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate		
	Name Cand					
	Cand Party	lidate Affiliatio	Office Sought: House Senate President	State State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate						
	Party	Comm		_		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
Political Action Committee (PAC):						
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization				nnected organization is a:		
			X Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
	(f)		X In addition, this committee is a Lobbyist/Registrant PAC.			
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)				egated fund or party		
	In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:				b		
	(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser					
			1. FEC ID number			
			2. FEC ID number			
			3. FEC ID number			
			4.   FEC ID number			

Write or Type Committee Name

## COCA-COLA REFRESHMENTS USA, INC NONPARTISAN POLITICAL ACTION COMMITTEE FOR GOOD GOVERNMENT

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Name of Any Connec	cted Organization, Affiliated Committee, Joint Fu	indraising Representative, or Leade	rship PAC Sponsor	
COCA-COLA REF	RESHMENTS USA, INC.			
Mailing Address	310 NORTH AVENUE,	<b>NW</b>		
		GA L	30313   _ [	
	CITY	STATE ▲	ZIP CODE	
Relationship:  X Connected Organ	nization Affiliated Committee J	oint Fundraising Representative	Leadership PAC Sponsor	
possession of Com	s: Identify by name, address, (phone numb	per optional), and position of th	e person in	
Full Name	SHERYL ALBRIGHT			
Mailing Address	ddress 310 NORTH AVENUE, NW			
	ATLANTA	GA	30313 _	
Title or Position ▼	CITY A	STATE	ZIP CODE A	
CUS	STODIAN OF RECORDS	Telephone number	- <u>676</u> - <u>2914</u>	
	name and address (phone number options of any designated agent (e.g., assistant treater)	•	tee; and the	
Full Name of Treasurer	EUGENE M RACKLEY, IV			
Mailing Address	310 NORTH AVENUE,	NW		
	ATLANTA		30313	
Title or Position ♥	CITY A	STATE	ZIP CODE A	
VP	PUB AFF/GOVT REL	<del>-</del>	_ 989 _ 3408	
		Telephone number	=	

FEC Form 1 (Re	vised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Teleph	one number	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.	mmittee deposits funds, ho	ds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	mmittee deposits funds, ho	ds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK	mmittee deposits funds, ho	ds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK	mmittee deposits funds, ho	ds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK P.O. BOX 4418		
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK  P.O. BOX 4418  ATLANTA  CITY  CITY	GA C	30302   _
safety deposit boxes or Name of Bank, Deposit Mailing Address	maintains funds. ory, etc.  SUNTRUST BANK  P.O. BOX 4418  ATLANTA  CITY  CITY	GA C	30302   _
safety deposit boxes or Name of Bank, Deposit Mailing Address	P.O. BOX 4418  ATLANTA  CITY   cory, etc.	GA STATE A	30302
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK  P.O. BOX 4418  ATLANTA  CITY   cory, etc.	GA STATE A	30302
safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	maintains funds. ory, etc.  SUNTRUST BANK  P.O. BOX 4418  ATLANTA  CITY   cory, etc.	GA STATE A	30302

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the committee s funds.	deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Represe	entative, or Lead	[ ADDITIONAL ]
	ANY NONPARTISAN COMMITTEE FOR GOOD GO		· · ·
Mailing Address	310 NORTH AVENUE, NW		
	ATLANTA	GA L	30339
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Represe	entative Le	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1		D number C	-
		D Hullibel	